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FOR ACTION

COUNTRY PROGRAMME STRATEGY NOTE**

Moldova

SUMMARY

The Executive Director presents the country programme strategy note for Moldova for a programme of cooperation for the period 1997 to 2001.

The main problems faced by children in Moldova are related to the sudden dramatic decline in living standards associated with the transition to a market economy. Household incomes have fallen by over 70 per cent in the five years leading up to 1994, and public finances are at a level that can no longer sustain basic social services. In such circumstances, infant and under-five mortality rates rose 36 and 30 per cent, respectively, in the period 1989-1994. The country's educational achievements also are threatened, owing primarily to a lack of funding for schools. The main objectives of the new programme are to arrest the rise in the infant and child mortality rates and lay the foundation for decreasing 1995 rates by 25 per cent by 2001. Sustaining the coverage and quality of primary education also will be an important focus of the programme. With the Convention on the Rights of the Child as the guiding principle, the programme strategies will build on Moldova's existing strengths in human resources and physical infrastructure. Assistance will be provided to help redevelop capacities relevant to the changing Moldovan society and take advantage of the opportunities presented by the ongoing social policy reform. The initial emphasis on service delivery will gradually give way to increased support for the reform process and the empowerment of families for greater self-reliance.

* E/ICEF/1996/2.

** An addendum to the present report containing the final country programme recommendation will be submitted to the Executive Board for approval at its third regular session of 1996.

THE SITUATION OF CHILDREN AND WOMEN

1. Moldova gained independence from the former Soviet Union in August 1991, and the transition is proving to be an extremely difficult experience for the people of the country. Annual inflation rates of over 1,000 per cent in 1992 and 1993 led to real wages dropping by 71 per cent in the period 1989-1994. This has had the effect of plunging over 50 per cent of families into a state of poverty, exacerbated by a correspondingly dramatic decline in public expenditure on health, education and other social services.

2. The main indicator of the deteriorating situation of children is the increase in the infant mortality rate (IMR) from 16.6 per 1,000 live births in 1990 to 22.6 in 1994. The under-five mortality rate (U5MR) rose from 21.9 per 1,000 live births to 28.5 in the same period. The two main causes, acute respiratory infections (ARI) and perinatal complications, can be attributed largely to shortages of appropriate drugs and medical supplies caused by cutbacks in the health budget. Perinatal complications are indicated in 30 cent of the cases of infant mortality, and a growing number of children - up from 14.4 per 1,000 live births in 1990 to 17.4 in 1994 - are born with congenital deformities.

3. Breast-feeding is on the decline. In 1994, only 68 per cent of children under three months of age were breast-fed. On the positive side, a national breast-feeding programme is being developed for implementation in 1996.

4. A recent positive trend is the virtual halving of the maternal mortality rate from 33.2 per 100,000 live births in 1993 to 17.7 in 1994. The decrease is probably due to reductions in both the crude birth rate and the abortion rate. UNICEF is assisting a government survey on the magnitude and severity of the anaemia problem, which is believed to affect over 50 per cent of pregnant women, and vitamin A and D deficiencies among children under five years of age. With assistance from the Governments of Japan and the United States of America and UNICEF, immunization coverage rates for children under one year old rose to over 80 per cent for all antigens in 1994. However, Moldova has been affected by the diphtheria epidemic. As part of a regionwide campaign, mass vaccination of the entire population against diphtheria was under way with UNICEF support in the last quarter of 1995.

5. Between orphanages and schools for children with special needs, there are reported to be 20,000 institutionalized children in Moldova. The situation of those children requires special attention because of the consequences of the drastic cuts in state support for institutions. UNICEF will support an investigation into the causes and effects of institutionalization on children.

6. In the search to adjust education to the needs of a changing society, the Ministry of Education and others find that there is no real mechanism to coordinate reform. Moreover, due to lack of resources and raw materials, there are severe difficulties with the production of educational supplies. On the positive side, Moldova has universal literacy and a good school infrastructure.

7. Guided by the Convention on the Rights of the Child, a law on child rights was approved by a Parliamentary decree. The Ministry of Labour, Social and Family Protection is working with other ministries and departments to implement the "State Programme on the Rights of Children". The United Nations Development Programme (UNDP) is taking the lead in providing support to the Government for the creation of an ombudsperson for children.

8. Some new social phenomena include street children, school absenteeism of poorer children owing to lack of clothing and shoes, and a 50 cent rise in the incidence of youth crime in the period 1989-1994.

LESSONS LEARNED FROM PAST COOPERATION

9. The first UNICEF programme was approved by the Executive Board in May 1995 to cover the period 1995-1996. Thus, experience with programme cooperation is limited to only about six months at the time the present document was being prepared.

10. UNICEF will continue to establish a role as an effective partner in improving the conditions of Moldovan children. The initial emphasis to help sustain the collapsing maternal and child health (MCH) service with vaccines, cold-chain equipment, basic drugs, medical supplies and school materials have provided evidence to the Ministries of Health and Education that UNICEF can help in a time of crisis. The credibility gained from being a partner in time of need can be expanded upon to assist with the reform of social sector policies. Thus, the new country programme should continue to include a significant service delivery strategy, while introducing a strong focus on policy reform and the redevelopment of services.

11. The decline in the purchasing power of salaries has led to a high degree of demoralization among public sector workers. Therefore, imaginative programming approaches will need to be employed to improve motivation among these key personnel. On the other hand, there is tremendous scope, in what is a relatively sophisticated media environment, to empower families with knowledge for a better life.

12. UNICEF support to policy reform and capacity redevelopment can have a much greater long-term impact than the provision of goods and services. Also, with such a strong human resource and infrastructural base already in existence, conditions are especially conducive to programme sustainability.

PROPOSED COUNTRY PROGRAMME STRATEGY

13. The development of a strategy for the first five-year country programme in Moldova is still very much a work-in-progress. This is due primarily to the fact that the first programme began only in mid-1995. Moreover, the UNICEF office is still at the formative stage. In addition, a situation analysis is due for completion in early 1996 to confirm priority problems and provide a better guide for strategy formulation. Further research into the nature of specific problems, such as iodine deficiency disorders (IDD), also needs to be carried out. Notwithstanding, the proposed country programme objectives are (a) to arrest the increasing IMR and U5MR and set the foundations for a 25 per cent reduction of 1995 rates by 2001; (b) to bolster the health delivery system at its weakest points while simultaneously developing more cost-effective and efficient means of primary health care (PHC) delivery; (c) to prevent any further decline in the quality and accessibility of primary education and promote reforms appropriate to the needs of the changing Moldovan society; and (d) to promote implementation of the Convention on the Rights of the Child and the formulation of a national programme of action (NPA) to achieve the end-decade goals for children.

14. Capacity redevelopment is the cornerstone of the country programme strategy because it builds on the country's achievements and its highly

developed human and physical resource base. Moldova's delivery systems need to be reshaped, or redeveloped, in a manner that the people and the country can afford. Capacity redevelopment will involve a great deal of staff reorientation and retraining, new style management systems and the reform of policies in virtually every part of the social sector. Experience gained in other countries of the Commonwealth of Independent States also have applications in the Moldovan context. Facilitating the exchange of such experience is a contribution that UNICEF and donors can bring to the process of capacity development.

15. A service delivery strategy is necessary to maintain services while reforms are formulated and tested. For example, the country cannot afford essential immunization supplies and equipment, nor essential drugs and basic medical supplies for paediatric wards, maternities and MCH clinics in its present economic condition. UNICEF, therefore, will help to fill these supply gaps. Without essential supplies, the prime objective of arresting the rise in IMR and U5MR will not be achieved. As the country programme progresses, it is anticipated that the supply component will diminish gradually to be replaced by assistance to policy implementation and evaluation. The supply gap should be filled increasingly by funds generated from patient fees and new private health insurance schemes.

16. Practically every home in Moldova has a radio and television set. However, decades of propaganda have made winning the confidence of the population a huge challenge in terms of using the mass media for empowering families and individuals with the knowledge and sense of responsibility needed to improve their own lives. Stimulating a sense of self-reliance in people for aspects of their lives traditionally perceived as government business will require creativity and imagination.

17. Advocacy also will be an important strategy. Political leaders, parliamentarians, government officials, non-governmental organizations (NGOs), print and electronic media, religious groups, artists, intellectuals and other groups will be sensitized to the need for placing children at the top of the country's development agenda. The Convention on the Rights of the Child, in the form of "the State Programme on the Rights of Children", and formulation of an NPA will be the principal frameworks for mobilizing the leaders and decision makers of Moldovan society behind national and local movements for children.

18. As the funding available to UNICEF is relatively modest, effective implementation of the new programme will require close collaboration with other United Nations agencies, especially UNDP and the World Bank, both of which have offices in Moldova. Continued collaboration with the representatives of the United States Agency for International Development and the European Union also will be important, since both of these organizations already have provided funding to UNICEF for the diphtheria control programme. Cooperation with international and local NGOs will be fundamental for achieving more community involvement to strengthen programme effectiveness.

19. There will be two principal clusters of programme activity: PHC and information, education and communication (IEC). Essential national research also will be a supported, as many aspects of child welfare need further analysis for programme and policy formulation. The principal activities in the PHC programme will be immunization; ARI control; safe motherhood; nutrition, especially the Baby-Friendly Hospital Initiative; and policy reform. It is anticipated that the IDD problem will be brought under control before the end of the current programme in December 1996.

20. The IEC cluster will include assistance to primary and pre-primary schooling, as well as to children in institutions. Essential research for policy reform also will be supported.

21. UNICEF staff will comprise one international Professional project officer, three national officers and four support staff. National and international experts also will be employed periodically as consultants, primarily for research and policy work.

ESTIMATED PROGRAMME BUDGET

Estimated programme cooperation, 1997-2001 a/
(In thousands of United States dollars)

	General resources	Supplementary funds	Total
Primary health care	2 500	2 500	5 000
Information, education and communication	1 250	2 500	3 750
Total	3 750	5 000	8 750

a/ These are indicative figures only which are subject to change once aggregate financial data are finalized.